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PTO/SB/80 (01-08)

Approved for use through 12/31/2008. OMB 0651-0035

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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioners associated with the Customer Number:

000530

OR

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

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☐ Firm or Individual Name

Address

City

State

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Assignee Name and Address:

Norton Healthcare Limited t/a IVAX Pharmaceuticals UK Limited
Albert Basin, Royal Docks
LONDON
E16 2QJ; UNITED KINGDOM

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date	10 AUG 2006
Name	John Beighton	Telephone	+44 113 201 3974
Title	Director, Norton Healthcare Limited t/a IVAX Pharmaceuticals UK Limited		

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